## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	- '		
O.I.P.E. CLASSIFIER			<del></del> • ••
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	-BA	الحراثينة بيترو	C-30-G

09/936828

## INDEX OF CLAIMS

•	Rejected	N Non-elec	ted
	Allowed	Interferer	
	(Through numeral) Canceled	AAppeal	
÷	Restricted	O Objected	

	÷ Resti	ricled O	Objected	
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15	65			<del>╂</del> ╋╂╂╄╂
117	66	++++++++++++++++++++++++++++++++++++	116	
18	68	<del>╏╋┧╏╂╏╏</del>	117	+++++
19	69		119	<del>╿╏╏╏</del>
20	70		120	
22	1 72	<del>╄╏╏╏╏</del>	121	+1+1+1
23	73		123	<del>┼╍┞╌┠╌┠╌╏</del> ╌
25	74	H + H + H + H + H	124	
26	76	<del>╏╏╬╏╏╏</del>	125	╀╂┼┼┼
27	77		1 127	<del>┞┈┠┈╏</del> ╌╂ <del>┈╏</del> ╌╂┈
29	78	┡╅╫╂╅╃╀┼	128	
30	80	<del>╎╎╏┩╏</del> ┼┼┼┼	130	<del>┡</del> ╅┦╏╂┩┹
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33	B2 B3	<del>┍╶╏┈╏╌╏╌╏╸╏</del> ╶╏╌╏	133	
34	84		134	<del>╏┋┋</del>
35	85 86		135	
37	87	╌╂┼┼┼┼┼┼	136	
38	88		138	╼╂╌╂╌╂╾╂╼╂╌┦
40	89		139	
41	91	<del>╸</del> <del>╏╏╏╏</del>	140	++++++
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43	93	4477777	143	
45	95	<del>╶╎╏╏╏╏</del>	144	- - - - - - -
45	98		146	<del>╶╎╸┠╶╂</del> ╌┦
48	97	+++++	147	
19	99	<del>┤┊╏╏╏</del>	148	
50	hod		hsa	

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If more than 150 claims or 10 actions staple additional sheet here

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